

OLTON ISD

DRUG TESTING CONSENT FORM

By our signatures below, we agree to participate in the Olton ISD drug testing program for students participating in extracurricular activities and driving on campus. We understand that failure by either of us to sign this form shall result in removal of the privilege of participation in extracurricular activities, including practice and competition. If either of us is unclear about any aspect of the drug testing policy and program, it is our individual responsibility to contact the principal at the school.

(Student's Name—Printed)

(Student Signature)

(Last 6 digits of Student Social Security)

(Activity Participating)

(Student's Grade)

(Parent/Guardian Signature)

(Date)

